

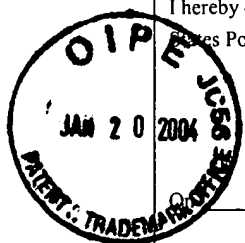


TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/601,119
		Filing Date	June 19, 2003
		First Named Inventor	SHIMMICK, JOHN K.
		Art Unit	2877
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	018158-011610US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Townsend and Townsend and Crew LLP Mark D. Barrish Reg. No. 36,443
Signature	
Date	01/14/2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Nancy Pizzo		
Signature		Date	01/14/2004



I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

JANUARY 14, 2004

TOWNSEND and TOWNSEND and CREW LLP

By: Nancy Pizzo
NANCY PIZZO

PATENT

Attorney Docket No.: 018158-011610US
Client Reference No.: VX-1098

Customer No. 20350

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

JOHN K. SHIMMICK

Application No.: 10/601,119

Filed: June 19, 2003

For: Integrated Scanning and Ocular
Tomography System and Method

Confirmation No. 6002

Examiner:

Art Unit: 2877

**SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT
UNDER 37 CFR §1.97 and §1.98**

Mail Stop: IDS
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

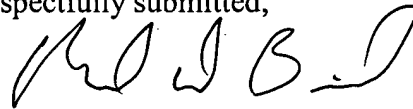
The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. Copies of the references are enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

Also enclosed is a copy of the Search/Examination report corresponding to the PCT application.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Mark D. Barrish
Reg. No. 36,443

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, California 94111-3834
Tel: 650-326-2400 / Fax: 650-326-2422
MDB:nap
60119193 v1



INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)			Complete if Known		
			Application Number	10/601,119	
			Filing Date	June 19, 2003	
			First Named Inventor	SHIMMICK, JOHN K.	
			Art Unit	2877	
			Examiner Name		
Sheet	1	of	1	Attorney Docket Number	018158-011610US

U.S. PATENT DOCUMENTS+					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code ² (if known)			
	AA	US-6,451,009 B1	09/17/2002	DASILVA ET AL.	
	AB	US-6,501,551 B1	12/31/2002	TEARNEY ET AL.	
	AC	US-2003/0025913 A1			
	AD	US-			
	AE	US-			
	AF	US-			
	AG	US-			
	AH	US-			
	AI	US-			
	AJ	US-			
	AK	US-			
	AL	US-			
	AM	US-			
	AN	US-			
	AO	US-			
	AP	US-			
	AQ	US-			
	AR	US-			
	AS	US-			
	AT	US-			

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. ¹	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³	Number ⁴	Kind Code ⁵ (if known)				
	AU							<input type="checkbox"/>
	AV							<input type="checkbox"/>
	AW							<input type="checkbox"/>
	AX							<input type="checkbox"/>
	AY							<input type="checkbox"/>
	AZ							<input type="checkbox"/>
	BA							<input type="checkbox"/>
	BB							<input type="checkbox"/>

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.